

**Tennessee Department of Environment & Conservation
Division of Solid Waste Management**

**SOLID WASTE
PART I APPLICATION PACKAGE**

This document contains a SWM Field Office map and two different applications that must be submitted to the TN Department of Environment & Conservation when an applicant pursues a Solid Waste Individual Facility Permit:

- 1. A State of Tennessee Map identifying the areas each Solid Waste Field Office covers, the Field Office Manager and the SWM Field Office address and telephone number;**
- 2. The Solid Waste Part I application and accompanying instructions; and**
- 3. The Solid Waste Management Fee form and accompanying instructions.**

Please note; the Solid Waste Part I Application should be submitted to the local Solid Waste Field Office for review.

The applicant should contact the Division of Solid Waste Field Office before submitting the Part I application to insure the applicant understands all the information that must be submitted with the Part I application.

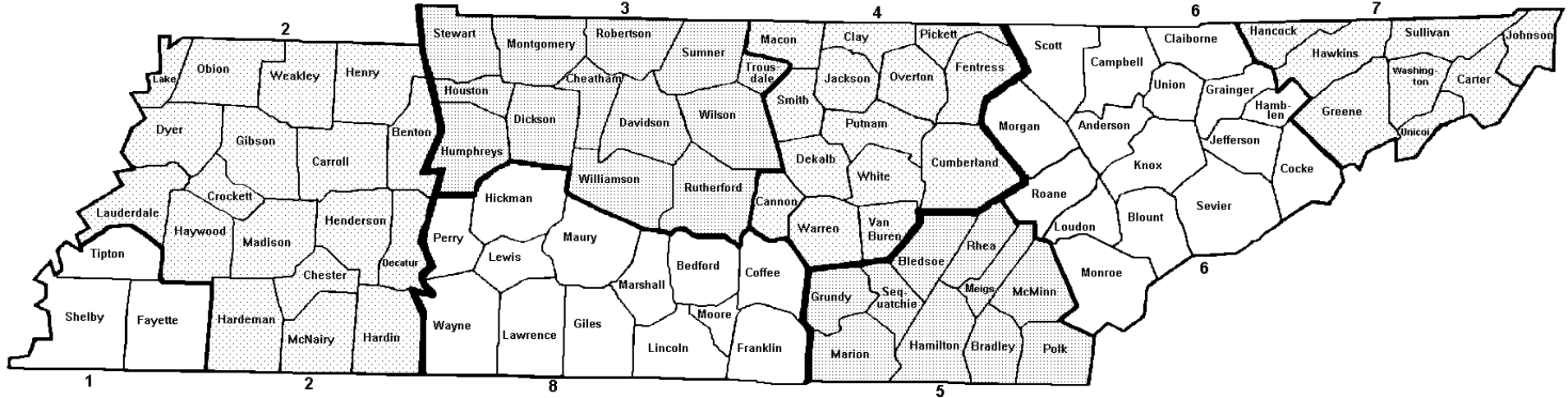
There is a map following this page, which provides the contact persons, and mailing addresses for each Solid Waste Field Office.

The Solid Waste Fee form and payment should be submitted to the Division of Fiscal Services at:

TN Department of Environment & Conservation
Division of Fiscal Services
Fee Collection Section – SWM
7th Floor L&C Annex
401 Church Street
Nashville, TN 37243

Should you have any questions concerning the Solid Waste Permit by Rule Notification please contact the Solid Waste Field Office in your area as indicated on the attached map.

Tennessee Department of Environment and Conservation Solid Waste Management Contacts



CENTRAL OFFICE

Division of Solid Waste Management
401 Church Street, 5th Floor, L & C Tower
Nashville, TN 37243-1535
Phone: 615-532-0780
Fax: 615-532-0886

ENVIRONMENTAL ASSISTANCE CENTERS:

1. **Phil Davis**
Division of Solid Waste Management
2510 Mt. Moriah, Suite E 645
Perimeter Park
Memphis, TN 38115-1520
Phone: 901-368-7939
Fax: 901-368-7979
2. **James Warren**
Division of Solid Waste Management
362 Carriage House Drive
Jackson, TN 38305-2222
Phone: 731-512-1300
Fax: 731-661-6283

3. **Al Majors**
Division of Solid Waste Management
Nashville Field Office
711 R. S Gass Blvd.
Nashville, TN 37243
Phone: 615-687-7000
Fax: 615-687-7078

4. **Barry Atnip**
Division of Solid Waste Management
1221 South Willow Ave.
Cookeville, TN 38501
Phone: 931-432-4015
Fax: 931-432-6952

5. **Guy Moose**
Division of Solid Waste Management
Chattanooga State Office Building
Suite 550
540 McCallie Avenue
Chattanooga, TN 37402
Phone: 423-634-5745
Fax: 423-634-6389

6. **Larry Cook**
Division of Solid Waste Management
2700 Middlebrook Pike, Suite 220
Knoxville, TN 37921-5602
Phone: 865-594-6035
Fax: 865-594-6105

7. **Fred Willingham**
Division of Solid Waste Management
2305 Silverdale Road
Johnson City, TN 37601-2162
Phone: 423-854-5400
Fax: 423-854-5401

8. **Dennis Lampley**
Division of Solid Waste Management
2484 Park Plus Drive
Columbia, TN 38401
Phone: 931-380-3371
Fax: 931-380-3397

Revision: January 2004

SOLID WASTE PART I APPLICATIONTennessee Department of Environment and Conservation
Division of Solid Waste Management

1. a. Facility's full, legal name		Official Use Only		
b. Mailing address		City	State	Zip Code
2. a. Physical location or address of facility			County	
b. Latitude (degrees, minutes, and seconds)		Longitude (degrees, minutes, and seconds)		
3. a. Responsible official's name		Phone number with area code ()		
4. Manager's or Operator's name		Phone number with area code ()		
5. a. Landowner's name		Phone number with area code ()		
b. Mailing address		City	State	Zip Code
6. a. Zoning authority's name*		Current zoning status	Phone number with area code ()	
*see instruction on back				
b. Mailing address		City	State	Zip Code
7. Type of facility: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Class V <input type="checkbox"/> Class VI <input type="checkbox"/> Compost				
8. Site acreage		Fill acreage		
9. Type(s) of waste handled: <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Demolition <input type="checkbox"/> Medical <input type="checkbox"/> Yard Waste <input type="checkbox"/> Other _____				
10. Amount of waste handled: Weight _____ tons/day Volume _____ cubic yards/day				
11. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.				
Date _____		Signature of Responsible Official _____		
		Official Title _____		
		Signature of Notary _____		
(Notary Seal)		Date Commission Expires _____		
12. Date _____				
Signature of Landowner _____				

INSTRUCTIONS FOR SOLID WASTE PART I APPLICATION

Complete this form for each facility that is disposing or composting solid waste in Tennessee. If multiple facilities exist or are planned, describe each facility and its wastes on a separate form. **Submit completed documents to the respective field office in your area.**

Facilities beginning operation after the effective date of this rulemaking, must submit this form along with the required information [1200-1-7-.02(2)(d)].

- Line 1 a. **Facility's full, legal name** – Give the applicant's full, legal name for this site to distinguish it from any other site the applicant or organization may own or operate in Tennessee. **Identification Number** - leave blank for Division usage.
 b. **Mailing address** – Give a complete mailing address for applicant or organization.
- Line 2 a. **Physical location or address of facility** – Give information which will aid the Division in going to the site/facility. Do not give a Post Office Box Number.
 b. Supply the **latitude** and **longitude** of the site with the precision of degrees, minutes and seconds. Latitude and longitude may be found by using a U. S. Geological Survey quadrangle map.
- Line 3 **Responsible official's name** – Give the name and phone number of the person who the Division may contact for further information about the contents of this form.
- Line 4 **Manager's or Operator's name** – Give the name and phone number of the manager or person who is responsible for the direction of activities at the site/facility.
- Line 5 a. **Landowner's name** – Give the person(s) or organization name(s) and phone number(s) of the immediate owner(s) of the property [attached letter from landowner(s) as required by Rule 1200-1-7-.02(2)(d)1.(iv)].
 b. **Mailing address** – Give a complete mailing address for landowner.
- Line 6 a. **Zoning authority's name** – Give the name and phone number of the zoning authority plus the current zoning status of the property. Also, attach a statement whether this facility is subject to local approval as provided at TCA 68-211-701 (the Jackson Law) and a statement whether the facility is subject to a solid waste regional approval as provided at TCA 68-211-814(b)(1)(D). If such local approval is required, demonstration of that approval should be attached.
 b. **Mailing address** – Give a complete mailing address for the zoning authority.
- Line 7 **Type of facility** – Check the type of facility to be operated at this site.
- Line 8 **Site acreage** – Give total acreage of the property.
 Fill acreage – Give the acreage within the proposed fill area (footprint).
- Line 9 **Type(s) of waste handled** – Check the type(s) of waste to be handled at the facility. If the waste type is not listed, check "other" and briefly describe the source or characteristics of the solid waste.
- Line 10 **Amount of waste handled** – Provide an estimate of the daily weight in tons/day and/or volume in cubic yards/day that will be handled at the facility.
- Line 11 **Certification** – After all documents have been compiled for submission to the Division, the manager or owner responsible for the site must sign, date and give title. This signature must be notarized.
- Line 12 **Date** – The landowner must sign and date the application.



**SOLID WASTE APPLICATION FILING/PROCESSING FEE
DIVISION OF SOLID WASTE MANAGEMENT
TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION**

1. Name, Mailing Address, Zip Code:	2. I.D. Number:			
	3. Date Application Filed:			
	4. Owner Name:			
5. Physical Location:	6. Phone Number: ()			
	7. Type Facility and Fee Due: <div style="margin-left: 20px;"><input type="checkbox"/> Disposal Facility <input type="checkbox"/> Class I <input type="checkbox"/> Hydrogeology \$ 4,000 <input type="checkbox"/> Construction Plan Review.... 6,000 <input type="checkbox"/> Class II <input type="checkbox"/> Hydrogeology 4,000 <input type="checkbox"/> Construction Plan Review 6,000 <input type="checkbox"/> Class III 3,000 <input type="checkbox"/> Class IV 3,000 <input type="checkbox"/> Processing Facility 1,000 <input type="checkbox"/> Major Modification 2,000</div>			
(8) Total Site Acres If Disposal Operation:	9. Amount of Fee Enclosed: \$ _____			
(10) Total Acres in Actual Operation:	(11) Type and Size Facility If Processing Facility:			
(12) I certify the above to be true, accurate and complete. I further understand that this Filing/Processing Fee has been earned by the Department if my application is reviewed within the time allotted by the regulations, even if the permit is denied. <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;">_____ (Signed)</div><div style="width: 45%; text-align: center;">_____ (Date)</div></div>				
FIELD OFFICE USE ONLY BELOW THIS LINE				
(13) a. Date Complete Application Received For Processing: _____ b. Received By: _____ c. Date Review Completed: _____ d. Was Review Completed On Time and Fee Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No				
CENTRAL OFFICE USE ONLY BELOW THIS LINE				
CENTRAL OFFICE USE ONLY BELOW THIS LINE				
CD Number	Date Received	Amount	Receipt #	Comments

Send all copies of this form to the Division of Fiscal Services
CN 0934

RDA 2022

Division of Solid Waste Management
INSTRUCTIONS FOR APPLICATION FILING/PROCESSING FEE

1. Enter company name, mailing address, and zip code.
2. Leave this space blank. The department will assign an I.D. number and inform you of the number.
3. Enter the date you are filing the application in this block.
4. Enter the name of the owner of the proposed facility in this block.
5. Enter the physical location of the proposed facility (not a post office box or mailing address) in this space.
6. Enter the company telephone number, complete with area code.
7. Mark the appropriate checkbox to indicate if the application is for a disposal facility, processing facility, or a major modification to an existing facility. If the application is for a disposal operation, also mark the appropriate checkbox to indicate the classification of the facility being proposed. For class I and class II facilities, indicate whether the payment is being made for the hydrogeologic report (\$4000.00) or the construction plan review (\$6,000.00).
8. If this facility is a landfill (any class), enter the total acres in the site, whether or not the entire site will be a part of the operational area.
9. Enter the amount of the fee you are enclosing. The correct amount can be determined by referring to item (7) of the form. To the right of the facility type is the amount of the fee due for that type of application (example: a class III disposal facility has a \$3,000.00 fee).
10. Enter the total area in the actual operational area of the landfill here.
11. If application is for a processing facility, enter the type and size (example: incinerator-- 25 ton/day capacity).
12. Sign and date the certification. Signature must be that of the owner or an authorized officer of the company.
13. DO NOT WRITE IN THIS SPACE. For field office use only.

Please make check payable to State of Tennessee, Division of Solid Waste Management. Mail check and both copies of the completed form to: State of Tennessee, Department of Environment and Conservation, Division of Fiscal Services – Fee Section – SWM, 401 Church Street, 7th Floor Annex, Nashville, TN 37243.

"TIMELY ACTION" TIMING STARTS WITH THE RECEIPT OF YOUR CHECK AND THE COMPLETED FORM IN THE CENTRAL OFFICE AND THE RECEIPT OF ALL NECESSARY MATERIALS FOR THE REVIEW IN THE FIELD OFFICE.